## OFFICIAL FILE ILLINOIS COMMERCE COMMISSION

## FORMAL COMPLAINT

CSA MAY 17 Allinois Commerce Commission 527 E. Cepital Avenue 1837 CHERRICA Springfield, Illinois 62701 For Commission Use Only:

Case: 4 - 400

## **ORIGINAL**

	**************************************
Regarding a complaint by (Person making the complaint): Goose Island Inc. d/ba	Sick's Counge
Against (Utility name): Common Wealth Edison Company	
As to (Reason for complaint) As to (Reason for complaint) As to (Reason for complaint)	
AMBIGUOUS FRANSFU DEBIT AGAINST COSE FRANS	I-c.
(SEE ATTACHED DETAILED CONPLAINT)	
in Chicago Illinois.	
TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS:	
My mailing address is 1115 N Branch Chicago, I	1 6061)
The service address that I am complaining about is 116 N Broach. Chi Cago, I	
My home telephone is [3/2] 274-0243	
Between 8:30 A.M. and 5:00 P.M. weekdays, 1 can be reached at [312] 276-6263	
(Full name of utility company) Commonwealth Edison Co. (respondent to the provisions of the Illinois Public Utilities Act.	t) is a public utility and is subject
In the space below, list the specific section of the law, Commission rule(s), or utility tariffs that you think is involved with	your complaint.
83 III Adm Code 410-20; 83 III Adm Code	280.100
220 ILCS 5/9-101; 83 III Adm Code 280.	160
83 III Adm Code 280.60, 220 ILCS \$5-8	90/
220 ICS 5/9-252; 220 ICS 5/5-202; 220 IC	15519-250
Have you contacted the Consumer Services Division of the Illinois Commerce Commission about your complaint?	Yes No
Has your complaint filed with that office been closed?	Yes No

Please state your complaint brie extra sheet of paper if needed.	elly. Number each of the paragraphs. Please include time period and dollar amounts involved with your complaint.	Use an
Sue	attached.	

Please clearly state what you want the Commission to do in this case:

Sue attached.

Date: S - 01 - 64 Complainant's Signature (Month, day, year)
If an attorney will represent you, please give the attorney's name, address, and telephone number.  Delaney Law. 420 N. Wabash Ave. Ste-203. Chicago, IL COCCI  312-276-0263  You need to file the original with the Commission. Also, provide one copy for each utility complained about (referred to as respondents).
VERIFICATION
A notary public must witness the completion of this part of the form.  L. Cynthia M. Rote, first being duly sworn, say that I have read the above petition and know what it says.
I. Lynthia M. Kote, first being duly sworn, say that I have read the above petition and know what it says.  The contents of this petition are true to the best of my knowledge.
(Signature) Cypthia HRote
Subscribed and sworn/affirmed to before me on (month, day, year) 65/01/04
OFFICIAL SEAL Notary Public, Illinois Cynthia M. Rote
Notary Public, State of Illinois My Commission Expires 03/06/2008

**NOTE:** Failure to answer all of the questions on this form may result in this form being returned without processing. If you have questions, please call the counselor in the Consumer Services Division that handled your informal complaint.